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## BIB DATA SHEET

CONFIRMATION NO. 8282

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.        |
|--|---|--|--|-------------------------------|
| 10/542,171   | 07/12/2005<br>RULE  | 429  | 1726   | 601560-19US<br>(04P570US/P35) |
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| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP04/10992 07/26/2004  |   |  |  |                               |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-279838 07/25/2003   |   |  |  |                               |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>   |   |  |  |                               |
| Foreign Priority claimed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY   | SHEETS DRAWINGS               |
| 35 USC 119(a-d) conditions met   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | JAPAN  | 17                            |
| Verified and   | KARIE O'NEILL<br>APICELLA/  |  |  | TOTAL CLAIMS                  |
| Acknowledged   | Examiner's Signature  | Initials                                     |  | 24                            |
| INDEPENDENT CLAIMS   |   |  |  |                               |
| 1  |   |  |  |                               |
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| <b>TITLE</b><br>Fuel cell system   |   |  |  |                               |
| <b>FILING FEE RECEIVED</b><br>3648   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                               |
|  |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                               |
|  |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                               |
|  |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                               |
|  |   |  | <input type="checkbox"/> Other _____                         |                               |
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